

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

In re:

Herman A. Cruz Sanchez and
Jonayra Martinez Vazquez

Debtor(s)

CASE NO. 10-03169

Chapter 13

PETITION FOR PAYMENT OF UNCLAIMED FUNDS

TO THE HONORABLE COURT:

NOW APPEARS petitioner Ulpiano Torres Velez, Last Four Digits of SSN/EIN 6601, 276 Calle Claudio Carrero, Mayaguez, PR 00682, through the undersigned counsel and respectfully request pursuant to Puerto Rico Local Bankruptcy Rule 3011 (b), states that petitioner became entitled to receive \$3,223.10 as distributions in the above-entitled case, and now appears on the records of this Court as the owner of said funds. The amounts requested are being held in the Treasury of the United States as unclaimed funds.

Petitioner represents that it is entitled to receive the requested funds based upon Petitioner is the owner.

Petitioner submits with this petition the documentation attached in Exhibit A as proof of the Petitioner's identity and status, and the owner's claim entitlement.

Therefore, we inform the Court and the Trustee that Petitioner's postal address for the receipt of disbursement is the following: 35308 SE Center St., Snoqualmie, WA 98065.

WHEREFORE, it is respectfully requested that the Court take notice of the foregoing and requests that it enter an order directing payment of the unclaimed funds to the Petitioner, in accordance with the documents and information submitted in support of this petition.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, on this 28th day of June, 2013.

CERTIFICATION OF SERVICE:

I hereby certify that the foregoing document has been electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of such filing to all attorneys of record registered in the use of the CM/ECF system.

I hereby certify that on this date a true and correct copy has been served through regular mail to the debtor, debtor's attorney, the trustee, the United States Trustee and the United States Attorney at the addresses of record with this honorable Court if such are not registered in the use of the CM/ECF system.

LOPEZ SANCHEZ PIRILLO & HYMOVITZ LLC

Attorney for Petitioner

P. O. Box 11917

San Juan, Puerto Rico 00922-1917

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E-mail: mpirillo@lsphlaw.com

By: s/ Eugenio Martín Pirillo Favot

Eugenio Martín Pirillo Favot

USDC-PR No. 219214

Exhibit A

United States Bankruptcy Court District of Puerto Rico

Unclaimed Funds Query

Unclaimed Funds			
Case Number:	10-03169	Total:	3223.10
Debtor Name:	HERNAN A CRUZ SANCHEZ	Paid:	0.00
First Name:	Middle Name:	Balance:	3223.10
Creditors			
Last Name	First Name	Amount	Paid
TORRES VELEZ	ULPIANO	2928.19	
TORRES VELEZ	ULPIANO	294.91	

°ULPIANO°°TORRES°VELEZ°

conductor 3 operator



BO MANI M
CLAUDIO CARRERO 276 5'07"
MAYAGUEZ PR 00680 210lbs
Nacim/Birth 08feb1948 bro

Lic 0857378
Exp 08feb2014
Restr 7°°°°

Carlos J. Gonzalez Miranda
5-003/003/1111230
389/20080201/03

ESTADO LIBRE ASOCIADO DE Puerto Rico

Licencia de Conducir
Driver's License

Case 10-03169-EAG13 Claim 22-1 Filed 08/23/10 Desc Main Document Page 1 of 3

B-10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: HERNAN CRUZ JONAYRA TORRES VELEZ		Case Number: 10-03169-MCF
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ULPIANO TORRES VELEZ		<div style="border: 1px solid black; padding: 2px; font-size: x-small; margin-bottom: 5px;"> Filed for: 10-03169-MCF Date: 08/23/10 PM 1:44 U.S. BANKRUPTCY COURT COURT CLERK'S OFFICE (If known) ST. LOUIS MO </div>
Name and address where notices should be sent: SEGISMUNDO LOPEZ RODRIGUEZ #106 VAZQUEZ BAEZ ST., MAYAGUEZ, PR 00680		Filed on: _____
Telephone number: 787-381-6970		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>40,000.00</u> (If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____)
2. Basis for Claim: <u>MEDICAL MALPRACTICE</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>5194</u> Ja. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		Amount entitled to priority: \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
Date: 08/20/2010	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"> SEGISMUNDO LOPEZ RODRIGUEZ, ESQ. </div>	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

Exhibit

A

Case 10-03169-EAG13 Claim 22-1 Filed 08/23/10 Desc Main Document Page 2 of 3

ESTADO LIBRE ASOCIADO DE PUERTO RICO
TRIBUNAL DE PRIMERA INSTANCIA
CENTRO JUDICIAL DE MAYAGUEZ
SALA SUPERIOR

ULPIANO TORRES VELEZ
DEMANDANTE

CIVIL NÚM.: 250F200800611
207

VS.

SOBRE:

DR. HERNAN CRUZ, su esposa
JANE DOE y la SOCIEDAD LEGAL
DE GANANCIALES compuesta por ambos.
DR. RAÚL GARCIA RINALDI, su esposa
JUANA DEL PUEBLO y la SOCIEDAD
LEGAL DE GANANCIALES compuesta
por ambos.
COMPAÑÍAS ASEGURADORAS
DESCONOCIDAS; TERCEROS
DEMANDADOS DESCONOCIDOS
DEMANDANTES

DAÑOS Y PERJUICIOS

DEMANDA

AL HONORABLE TRIBUNAL:

Comparece la parte demandante, representada por el abogado que suscribe y muy respetuosamente EXPONE, ALEGA Y SOLICITA:

1. Que la parte demandante *Ulpiano Torres Vélez*, es mayor de edad y su dirección residencial es la siguiente: Carr. 348, KM 6.4 Interior, bo. Malezas, Mayaguez, Puerto Rico y la postal es: HC-02 box 23377 Mayaguez, Puerto Rico 00680.
2. Los doctores Hernán Cruz, Raúl García Rinaldi tienen su oficina en Centro Médico de Mayaguez y este Tribunal adquiere jurisdicción ya que los hechos ocurrieron en Mayaguez.
3. El día 27 de abril de 2005 la parte demandante Ulpiano Torres Vélez fue operado por los doctores Hernán Cruz y Raúl García Rinaldi en el Advanced Cardiology Center de Mayaguez y le dejarón un cable en su pecho y tuvo que ser sometido a una segunda operación para removerle dicho cable; los doctores Hernán Cruz y Raúl García Rinaldi le prestan servicios al Advanced Cardiology Center y la operación se realizó en dicho lugar.
4. Como resultado de haberle dejado ese pedazo de alambre en su pecho la parte demandante, Sr. Ulpiano Torres Vélez ha sufrido angustias y sufrimientos físicos y emocionales como resultado de la segunda operación que no hubiese sido necesaria a no ser por la negligencia de los doctores Hernán Cruz y Raúl García Rinaldi quienes fueron los que le hicieron la primera operación. A esta fecha al Sr. Ulpiano Torres Vélez se le ha desarrollado una hernia y la herida esta abierta.

Exhibit A

Case 10-03169-EAG13 Claim 22-1 Filed 08/23/10 Desc Main Document Page 3 of 3

5. La negligencia es el resultado de la mala práctica de la medicina de los doctores que intervinieron en la operación.
6. La parte demandante Ulpiano Torres Vélez valora sus angustias y sufrimientos físicos y emocionales en la suma de \$ 90,000.00.
7. Las alegaciones de la demanda se reproducen contra las Compañías Aseguradoras desconocidas, Terceros demandados desconocidos y la Sociedad Legal de Gananciales de los demandados ya que cuando operaron estaban trabajando para la Sociedad Legal de Gananciales.

POR TODO LO CUAL, muy respetuosamente se solicita de este Honorable Tribunal que en día declare CON LUGAR la presente demanda y condene a la parte demandada solidaria y incomunadamente a pagar a la parte demandante la suma aquí reclamada, así como las costas, stos y honorarios de abogado.

RESPECTUOSAMENTE SOMETIDO en Mayaguez, Puerto Rico a 10 de abril de 2008.

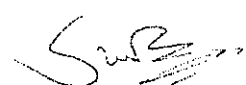

LCDO SEGISMUNDO LOPEZ RODRIGUEZ
COLEGIADO NÚM. 4,377
CALLE DR. MARTINEZ GUASP # 54
MAYAGUEZ, PR. 00680

Exhibit A